

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)::

Number of copies of CRF::

Title:: SAWTOOTH SPLINE DISPLAY

Attorney Docket Number:: 021751-005600US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 2

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: G.  
Family Name:: Podesta  
Name Suffix::  
City of Residence:: Oakland  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 70 Rio Vista Avenue  
City of Mailing Address:: Oakland  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94611

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: P.  
Family Name:: Clark  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 283 Clinton Park  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94611

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name:: R.  
Family Name:: Schoeneman  
Name Suffix::  
City of Residence:: Berkeley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 91 Eucalyptus Road  
City of Mailing Address:: Berkeley  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94705

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Timothy  
Middle Name:: S.  
Family Name:: Milliron  
Name Suffix::  
City of Residence:: Bekerkey  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1417 Kains Avenue  
City of Mailing Address:: Bekerkey

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94702

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Assignee Information**

Assignee Name:: Pixar  
Street of mailing address:: 1200 Park Avenue  
City of mailing address:: Emeryville  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94608